

## MONTANA RESIDENT PREFERENCE AFFIDAVIT

The following section should *only* be filled out by businesses *physically located in Montana*. In certain instances, the State of Montana applies a "reciprocal" preference against non-resident bidders located in certain states. Branch offices of a Montana resident business *must* submit a separate affidavit in order to qualify for the application of a reciprocal preference.

### Type of Business Enterprise: (Check and complete **ONLY ONE** applicable section)

#### ☐ Individual

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Have you been a resident of Montana 12 months prior to bidding? ☐ Y ☐ N

#### ☐ Partnership or Association

List all names and addresses of all Montana resident partners or members. (Use additional sheets as necessary)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Have the majority of partners or members been residents of Montana for the last 12 months? ☐ Y ☐ N

#### ☐ Limited Liability Company

List all names and addresses of all Montana resident members. (Use additional sheets if necessary)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Have the majority of all members been residents of Montana for the last 12 months? ☐ Y ☐ N

#### ☐ Corporation

State of Incorporation \_\_\_\_\_

Is your company a wholly owned subsidiary of a non-Montana corporation? ☐ Y ☐ N

**Note: Only companies incorporated in Montana and not wholly owned by a non-Montana corporation are eligible to receive the Montana resident preference per section 18-1-103, MCA.**

I, \_\_\_\_\_ (name), being first duly sworn, depose and say: That I am the \_\_\_\_\_ (individual, partner, officer of corporation, or association officer) of the above named business, and I have read the above and the information contained herein is true to the best of my knowledge, information, and belief.

Signed: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Name of Notary \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_

### For State Use Only

Preference: ☐ Y ☐ N Initial \_\_\_\_\_ Date \_\_\_\_\_